

1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/830357	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/	/					
16	/	/					
17	/	/					
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/	/					
28	/	/					
29	/	/					
30	/	/					
31	/	/					
32	/	/					
33	/	/					
34	/	/					
35	/						
36	/						
37	/	/					
38	/	/					
39	/	/					
40	/	/					
41	/						
42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/	/					
50	/	/					
TOTAL IND.	5		8				
TOTAL DEP.	55	↓	92	↓			
TOTAL CLAIMS	100		100				

  

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/			/				
52	/			/				
53	/			/				
54	/			/				
55	/			/				
56	/			/				
57	/			/				
58	/			/				
59	/			/				
60	/			/				
61	/			/				
62				/				
63				/				
64				/				
65				/				
66				/				
67				/				
68				/				
69				/				
70				/				
71				/				
72				/				
73				/				
74				/				
75				/				
76				/				
77				/				
78				/				
79				/				
80				/				
81				/				
82				/				
83				/				
84				/				
85				/				
86				/				
87				/				
88				/				
89				/				
90				/				
91				/				
92				/				
93				/				
94				/				
95				/				
96				/				
97				/				
98				/				
99				/				
100				/				
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2 of 2

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830357

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS